

Questions and Answers Regarding RFA #7
Consumer-Led Initiatives for Community-Integrated Personal Assistance Services
and Supports
January 29, 2004

1. Please give an overview of the Request for Applications in Layman's Terms.

North Carolina received a grant to make changes in the system so consumers could have more control over the services and supports that they receive. It is called the Community-Integrated Personal Assistance Services and Supports (CPASS) grant. This grant pertains to consumers who need long term care (assistance with personal types of care) because of disabilities or long term illnesses, including children who need long term assistance.

There are many names for the types of consumer control that the grant is working for—consumer-directed supports, self-directed supports, self-determination, and independent living are some of the examples. These ideas are a little bit different depending on the program or funding, but generally it means that:

- the consumer and/or family has a lot of control over planning for services
- the consumer and/or family decides the services that will best meet his or her needs
- there is help for the consumer and/or family to hire and pay staff who provide the services, and to do the tax and other paperwork that is required
- the consumer knows the amount of funding that supports the service plan and has some control over how the funding is spent

It also means that the consumer takes responsibility for spending public funding wisely and only spending public funds when he or she does not have other personal or community resources to cover his or her needs.

This Request for Applications is asking for consumer groups to:

- a. develop consumer-led teams in communities
- b. assess their local communities using a tool that is in the application, to determine
 - what opportunities are in communities for consumers to participate in meaningful ways
 - whether individuals with disabilities and long term conditions can participate in decisions affecting their lives in programs and communities
 - whether individuals receiving services have financial means to support themselves in communities
- c. have meetings in the community to discuss the issues discovered in the assessment
- d. develop goals based on the information in the assessment about what is needed
- e. implement strategies to meet those goals
- f. develop a long term plan to continue meeting those goals

Funding will be available to fund up to four local projects. Money cannot be used for direct services but can be used to support the consumer-led team, hire someone to help

the consumer group, have meetings, develop materials for presentations, provide training, and other ideas that the applicants have.

Applications are due postmarked February 13th, and must be done on the guidelines with the Request for Applications. An evaluation team composed of members of the CPASS Advisory Committee will be scoring the applications and discussing which ones to fund. The plan is for phone calls to be made to those applicants whose applications are being funded, on March 5th. The phone calls will be followed by letters to all applicants regarding whether the applications will be funded or not.

2. Please give examples of Community-Integrated Personal Assistance and Support Services.

This answer depends somewhat on the consumer group and is sometimes referred to the names mentioned in number 1. An example in North Carolina would be the Independent Living Program that is operated by the Division of Vocational Rehabilitation. In this program, consumers are able to hire their own staff without going through a provider agency, are reimbursed for the time their staff provides services to them, pay their staff, and pay all the taxes and file all the required paperwork related to being an employer. Sometimes in programs such as this, there is a financial management agency to help with the paperwork.

In some other states, there are Cash and Counseling demonstration projects in which a lot of the regular Medicaid rules are waived so that the consumer can hire staff similarly to what is described above. This is only in three states right now, and is not in North Carolina. In some other states, the Medicaid waiver programs (like our CAP-DA and CAP-MRDD programs) include consumer-directed options that are similar. In North Carolina, the CAP-DA program just received approval for two pilot programs to experiment with this kind of consumer direction. Lots of rules and regulations usually have to change so that public money can be used this way.

Two web sites which may be useful in providing more information about consumer-directed services are <http://www.consumerdirection.org/> and http://www.hcbs.org/resources/one_intro.htm

3. Personal assistance usually refers to home and community based waivers for people who have developmental disabilities. How does this RFA apply to persons with mental illness? What is the focus?

Actually, individuals with many types of disabilities and long term conditions use personal assistance services and supports. There are many people in North Carolina who are using personal assistance, including individuals with physical disabilities, people who are aging or who have chronic illnesses, people with developmental disabilities, and some individuals with mental illness who are unable to care for their personal needs. This

includes children as well as adults. Having said this, terms such as consumer-directed supports, self-directed supports, self-determination and independent living, are usually describing programs for people who have a package of services, usually of a personal nature delivered by staff in their homes.

Traditionally, personal assistance services have not been viewed as a needed service for people with mental illness. But, recent reports such as:

“Exploring Personal Assistance Services for People with Psychiatric Disabilities”

www.bu.edu/cpr/catalog/articles/2001/doyle-pita-et-al2001.pdf, and

“Emerging New Practices in Organized Peer Support”,

www.nasmhpd.org/ntac/reports/peersupportpracticesfinal.pdf,

are contributing to a re-evaluation of the term “personal assistance” when referring to persons with mental illnesses. We are still speaking about the need for a paraprofessional, direct support work force, but the type of assistance may be different. Help with activities of daily living may not require the same hands-on assistance that is sometimes needed with other populations, but may involve more cues, reminders and encouragement for individuals with psychiatric disabilities to focus on needed tasks and take the necessary actions to get things done so that they can live successfully in their communities.

4. Are applicants limited to those who received the Request for Applications through the email, which are listed on the Vendor Mailing list?

No, the vendor mailing list was just a place for us to get started in getting the information out to parties that we thought might be interested. It is primarily consumer groups, as that is the focus of the RFA. The evaluation team will be glad to receive applications from any qualified applicant.

5. What is a qualified applicant? Can state or local public agencies or private providers apply?

The main criteria for being a qualified applicant is that it be consumer-led. In the application, we described a consumer as being either primary (receiving services and supports him/herself), or secondary (a family member of someone who is receiving services and supports). The project must be planned by primary and secondary consumers and implemented by them as well. This does not mean public agencies or private providers cannot help but it means that there must be evidence that consumers are the ones coming up with the ideas and carrying them out.

If a consumer group that is interested in applying does not have a federal tax ID number (therefore not able to operate a business), that group can approach a public or private agency to submit the application. The agency that submits the application becomes legally responsible for the funding and other obligations in the contract. If an agency that

is not the consumer group is the legal applicant, the relationship must be described in the application.

6. When you speak of community, how big is the community? Are you speaking of a pilot statewide or for local areas?

For these pilots, we are looking for projects that are more local—cities, counties, or small regions. This is for two reasons. One is that there are other efforts going on at the statewide level to promote consumer direction. The other is that often there are local issues that need to be addressed before consumers can have more choice and control, and the only way to address these issues is to address them locally. There might be local rules or processes in the community, city, county or local agencies that are unique to that area, or there might be lack of information about what it means for services and supports to be consumer-directed.

7. Correction to Attachment 2

In Attachment 2 of the Request for Applications, Resources and Projects list, there is incorrect information regarding the People Can't Wait initiative. The information states that target areas are far western counties, counties in the mid-western part of the state ranging from Mecklenburg in the south to Stokes in the north, and the Orange/Person/Chatham area. Since this information was posted, we have learned that the project will work anywhere in the state that is interested in working with them, but that currently the only area they are actively working in is the Centerpoint (Forsyth-Stokes-Davie) area.

Additional Questions from the Telephone Conference on 1/29

1. How does the Consumer Leadership Team mentioned in the RFA relate to the CFAC?

The CFACs are the Consumer and Family Advisory Committees that are connected to the area mental health/developmental disabilities/substance abuse services programs. The idea for Consumer Leadership Teams is connected to the federal grant proposal for the CPASS grant, which required that there be an advisory committee for the CPASS grant that was composed primarily of consumers. This grant proposal was written before the CFACs were initiated in the DMHDDSAS system. Although CFACs could do the function of the Consumer Leadership Teams, the CFACs are ongoing advisory committees, whereas the Consumer Leadership Teams may be ad hoc teams set up to do the work required in the RFA. In addition, the Consumer Leadership Team might be composed of individuals who have disabilities or long term conditions that are not related to the DMHDDSAS service system. It is suggested that the Consumer Leadership Teams coordinate their efforts with other local consumer groups that are in the community, including perhaps the CFACs.

2. Would this type of application be appropriate to research the possibility of developing a drop-in center, which is already known to be needed in the community?

This contract, when initiated, will require that the Consumer Leadership Team use the tool that is in the application package to assess the needs of the community. Therefore it might be premature to decide what type of strategies would need to be developed and implemented before using this assessment tool. Part of the intent of the pilots is to help in educating the local community to this new consumer-directed service option once the tool has been used to assess the challenges/needs. Hopefully, the consumer-led groups can generate additional supports that will be available when/as consumer directed services become more available.

3. Can the Consumer Leadership Team be composed of members of just one consumer group, or is it expected that the Team would include all disability/long term care populations?

The CPASS evaluation team will be looking to cover all long term care populations in its funding of up to four contracts. In addition, it will be looking to cover a diverse geographic region. Therefore, cross-disability proposals will be viewed favorably. This does not prevent a group that pertains to only one of the populations from applying. We would expect that the group applying will coordinate its efforts with other groups in the community.

4. As a related question to number 3, would the assessment need to apply to just one population or include all disability/long term care populations?

This answer depends on the nature of the application. It would depend on who is the applicant and the populations covered in the application. The assessment would correlate to what is being proposed. Again, we would expect that the group applying would coordinate its efforts with other local groups, and cross-disability efforts will be viewed favorably.

5. What is an adequate sample group for purposes of applying the assessment tool?

This depends somewhat on the way the group defines its community for purposes of the project. We have not determined what an adequate group size is, and would want the applicant to consider the geographic area and population that it is considering.

6. Would the fact that an agency is already working on Olmstead activities preclude applying? As an additional question, during the Olmstead activities transportation has been identified as an issue that needs to be worked on. Would that be an appropriate use of the money?

The fact that a group is working on Olmstead activities would not preclude the group from applying. Regarding whether working on transportation issues is an appropriate use of the money, it would depend on whether the transportation issues are related in some way to consumer-directed supports as they have been defined in the RFA. Also see the answer to number 2 above.

7. Are there any funds available to support consumers in a consumer-directed way through this RFA? Or is the idea to identify the needs of consumers in regard to consumer-directed services?

The Real Choice pilots are addressing the support of individual consumers in a consumer-directed way. The CPASS pilots will be a little different in that they will be designed to address more of the local infrastructure that supports the concept of consumer direction. There is no funding through the CPASS pilots to directly support consumers.

8. Is this a short turn-around time for the applications to be in? There is not sufficient time to prepare an application.

We thought that we were giving groups sufficient time to respond because the posting was on January 5th. It seems that some groups did not receive the information until much later than that. We apologize but there is probably nothing we can do at this point to lengthen the time for this application. The CPASS grant is only a three year grant and therefore there will not be other opportunities coming from CPASS.

9. Can a state agency apply for the grant or is it just for local agencies?

The intent is that the assessment and strategies are done locally. It is possible that a statewide agency could use one or more local areas to do a pilot and then expand it over a larger area in future planning.

10. Is there a separate application? We see the scope of work—is the application just a response on how the group will do the scope of work?

There is a separate application that should be with the materials—a document with pages 1-5 that addresses the scope of work but also has other questions. We will email the document to groups that did not get one.

11. Is the budget just one page? The first line item starts with number 11 so we didn't know if there was another page that we were missing.

It is just a one page budget, and the first line item is number 11. (we don't know why!) There is also a budget narrative, which is in the application.

12. Is the indirect cost the regular 13%?

13% is an LME/Area MHDDSAS indirect cost. The budget narrative portion of the application describes how to figure an indirect cost for purposes of this application, and for contracts, usually no more than 10% is approved.

13. Can the Consumer Directed Tool be modified to better suit local needs?

The Consumer Directed Tool is a national tool that we already modified somewhat. We would want to make sure that the major topics in the tool were covered in the assessment but do not want to be inflexible about it. If a group decides to modify the tool, we should know what is being modified and why.

14. Will there be training to use the Consumer Directed Tool?

We have not thought specifically about training. However, once the contracts are awarded, we will probably have an orientation meeting, and the Consumer Directed Tool can be one of the topics at that meeting.

15. Is this the only opportunity for questions?

We could take and address additional questions, as long as the questions and answers go on the website so that everyone has equal opportunity to see the responses. Questions should be posed by February 6th.